



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT
Building and Code Regulations Division

BUILDING PERMIT
CHANGE OF SUB-CONTRACTOR AGREEMENT

I, _____, am requesting a change of sub-contractor
Main Qualifier Name
From _____ to the new contractor listed below.
Existing Sub-Contractor Name

New Sub Contractor Information:

St. Lucie County Contractor Certification Number: _____

State of Florida Certification Number (If applicable): _____

_____ have agreed to be the
(Company Name/Individual Name)

_____ Sub-contractor for _____
(Type of Trade) (Primary Contractor)

for the project located at _____
(Project Street Address or Property Tax ID #)

BUSINESS QUALIFIER (Name of the Individual shown on the Contractor's License)

Business Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ email: _____

SIGNATURE PRINT NAME DATE

STATE OF FLORIDA, COUNTY OF _____

THE FOREGOING INSTRUMENT WAS SIGNED BEFORE ME THIS ____ DAY OF _____, 20____

BY _____ WHO IS PERSONALLY KNOWN ____ OR HAS PRODUCED

_____ AS IDENTIFICATION.

(STAMP)

SIGNATURE OF NOTARY PUBLIC PRINT NAME OF NOTARY PUBLIC

OFFICE USE ONLY:

| | | | |
|----------|--|------------|--|
| PERMIT # | | ISSUE DATE | |
|----------|--|------------|--|